

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/380410	FILING DATE
APPLICANT(S)	09/380410	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	1		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
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TOTAL IND.	R		2			
TOTAL DEP.	26	→	23	→		→
TOTAL CLAIMS	26		25			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
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TOTAL CLAIMS					